



New Hampshire

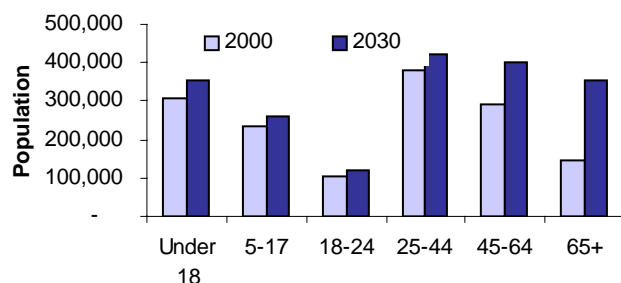
Behavioral Risk Factor Surveillance System

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Introduction

In 2005, one third of NH's population was age 50 years or older. As a result of the aging of the Post-WWII "baby boomer" generation, the number of adults over age 50 will increase over the next several decades (Figure 1).¹

Figure 1. Change in NH Population, 2005 to 2030



In the report, *The State of Aging and Health in America, 2007*, the Centers for Disease Control and Prevention (CDC) stated that, "The aging of the U.S. population is one of the major public health challenges we face in the 21st century."²

A primary focus of maintaining good health is prevention of chronic diseases. These include heart disease, stroke, cancer, diabetes and mental health conditions. Prevention or control of chronic diseases can: improve functioning and quality of life; extend years of life; and help control health care costs. Currently, "more than two-thirds of health care costs are for treating chronic illnesses among older Americans."²

CDC defined several health measures to provide a snapshot of the health of older adults.² Many of these are from the Behavioral Risk Factor Surveillance System (BRFSS).³

The BRFSS is an annual telephone survey of adults conducted in each state and supported by the CDC. The BRFSS measures self-reported prevalence of preventive health behaviors, selected health conditions, and general health status of NH adults.

Findings from the NH BRFSS for NH adults age 50 to 64 years and age 65 or older are reported here.⁴

Indicators of Overall Health Status

Measures of overall health status include the average number of days in the previous month when self-reported physical health was not good; the percent reporting frequent mental distress, meaning 14 or more days in the past 30 when mental health was not good; the percent reporting a disability; and the percent reporting complete loss of permanent teeth due to decay or gum disease. Gum disease has been found to be associated with an increased risk of cardiovascular disease as well as being a source of chronic pain and difficulty chewing and swallowing.²

Physical health declined significantly with age for adults aged 65 or older compared with those 50 to 64 years of age. In contrast, mental health was significantly better among adults age 65 years or older. (Table 1)

Table 1. General Health Measures

Age	Estimate	95% Confidence Interval
Average number of physically unhealthy days, 2006		
50 to 64	3.6 days	3.2 - 4.0
65 or older	5.1 days	4.5 - 5.7
Percent reporting frequent mental distress, 2006		
50 to 64	8.9%	7.4 - 10.3
65 or older	5.9%	4.6 - 7.2
Percent reporting complete tooth loss due to decay, 2006		
50 to 64	6.6%	5.3 - 7.8
65 or older	18.6%	16.2 - 20.9
Percent reporting disability, 2006		
50 to 64	24.3%	22.2 - 26.5
65 or older	37.4%	34.5 - 40.3

Behaviors Related to Health

Good nutrition, regular physical activity, a healthy weight, and avoidance or cessation of tobacco use can improve quality of life and prevent many chronic diseases.²

A diet rich in fruits and vegetables has been found to reduce the risk of chronic diseases. CDC recommends eating a variety of fruits and vegetables each day.⁵

In NH, adults age 65 years or older were more likely to eat fruits and vegetables but only 38% ate the recommended five servings a day. Twenty-nine percent of adults age 50 to 64 reported eating the recommended five servings a day in 2005. (Table 2, Figure 2)

Regular physical activity can reduce the risk of chronic disease and improve functioning. For older adults, CDC recommends:⁶

- Doing moderate-intensity aerobic activities 3-5 days a week for at least 30 minutes each time,
- Stretching every day, and
- Doing strength-building activities 2-3 days per week.

Thirty-two percent of NH adults age 65 years or older reported they did no leisure time physical activity in the past month, while 21% of NH adults age 50 to 64 years reported no physical activity outside of work. (Table 2, Figure 2)

One way of measuring body fat is by calculating a Body Mass Index (BMI). The BMI is calculated from a person's height and weight. A person with a BMI of more than 30 is considered obese.⁷

Twenty-one percent of NH adults age 65 or older reported a BMI classified as obese while 25% of NH adults age 50 to 64 years had a BMI classified as obese. (Table 2, Figure 2)

Tobacco use contributes to many of the leading causes of death, including cancer and heart disease. Quitting smoking has immediate as well as long-term benefits.^{8,9}

The prevalence of smoking among adults age 65 years or older was 9% and among adults age 50 to 64 years the prevalence was 16%. (Table 2, Figure 2). The smoking prevalence for adults age 50 to 64 years was not significantly different from the average rate of NH adults which was 18% (17.3% - 20.1%) in 2006, while the prevalence for adults 65 or older was significantly lower than the average for NH adults.

Figure 2. Health Related Behaviors of NH Adults Age 50 to 64 and 65 Years or Older, 2006.

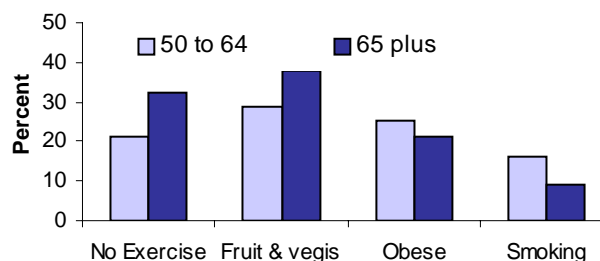


Table 2. Health Related Behaviors

Age	Estimate	95% Confidence Interval
Percent reporting no leisure time physical activity, 2006		
50 to 64	21.4%	19.3 - 23.5
65 or older	32.1%	29.3 - 35.0
Percent reporting 5 or more servings of fruit and vegetables a day, 2005		
50 to 64	28.6%	26.2 - 31.0
65 or older	38.1%	35.1 - 41.2
Percent reporting obesity, 2006		
50 to 64	25.4%	23.0 - 27.7
65 or older	21.4%	18.9 - 24.0
Percent reporting current smoking, 2006		
50 to 64	16.2%	14.3 - 18.1
65 or older	9.0%	7.4 - 10.7

Preventive Health Care

Preventive health care can avert disease or detect disease at earlier stages, allowing time for effective treatment.² Preventive care indicators are presented in table 3.

Table 3. Preventive Health Care

Age	Estimate	95% Confidence Interval
Percent reporting flu shot in the past 12 months, 2006		
50 to 64	40.4%	37.8 - 43.0
65 or older	71.9%	69.2 - 74.6
Percent reporting pneumonia shot, ever, 2006		
50 to 64	20.4%	18.2 - 22.5
65 or older	68.4%	65.6 - 71.3
Percent reporting mammogram in the past 2 years (women), 2006		
50 to 64	84.6%	82.1 - 87.0
65 or older	78.3%	75.0 - 81.6
Percent reporting ever having colonoscopy or sigmoidoscopy, 2006		
50 to 64	59.2%	56.5 - 61.8
65 or older	70.5%	67.7 - 73.3
Percent reporting cholesterol checked in the past 5 years, 2005		
50 to 64	91.7%	90.3 - 93.1
65 or older	94.4%	93.1 - 95.7

Annual influenza vaccinations or flu shots are recommended for all adults age 50 years or older.¹⁰ Seventy-two percent of NH adults age 65 years or older reported a flu shot in the previous year while 40% of NH adults age 50 to 64 years reported having a flu shot. (Table 3)

A pneumonia shot is recommended for all adults age 65 years or older and for younger adults who have certain health conditions.¹⁰ Usually a pneumonia shot is only given once or twice during a person's lifetime.

Sixty-eight percent of NH adults age 65 years or older reported ever having a pneumonia shot. (Table 3)

Mammography is recommended for women age 40 or older every one to two years.¹¹ In 2006, 85% of women age 50 to 64 years had a mammogram in the previous two years while 78% of women age 65 years or older reported having a mammogram in the past two years. (Table 3)

Colonoscopy or sigmoidoscopy are tests for the early detection of colon cancer. The American Cancer Society recommends that most adults begin screening for colon cancer at age 50.¹²

In 2006, 59% of adults age 50 to 64 years reported having had a colonoscopy or sigmoidoscopy at some time while 71% of adults age 65 years or older reported having a colonoscopy or sigmoidoscopy. (Table 3)

Cholesterol is a fat-like substance found in the body. When there is too much cholesterol, it is deposited in arteries, and can lead to narrowing of the arteries and to heart disease.¹³ A cholesterol check is recommended every five years.¹³

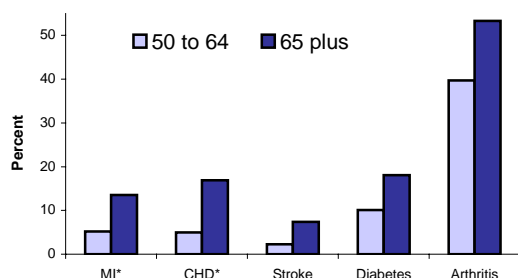
In 2005, 92% of NH adults 50 to 64 years of age and 94% of adults 65 or older had their cholesterol checked in the previous five years. (Table 3)

Selected Health Conditions

Heart disease, stroke, and diabetes are among the leading causes of death in NH but these conditions can also decrease functioning and independence along with causing chronic pain and reducing quality of life.² Arthritis is associated with chronic pain and joint stiffness that can limit everyday activities.² In 2005, approximately 100,000 NH adults reported being limited in their usual activities because of arthritis. The prevalence of arthritis is expected to increase as the population ages.²

The percentages of NH adults with selected health conditions measured by the NH BRFSS are presented in Figure 3 and Table 4.

Figure 3. Selected Health Conditions



*MI: Myocardial infarction

*CHD: Chronic heart disease

The prevalence of chronic diseases increases with age. This is reflected in the percentage of NH adults reporting selected chronic diseases seen in Table 4. Effective programs have been developed to help seniors, as well as NH residents of all ages, prevent and control chronic diseases.² Prevention and control of chronic diseases can help people live longer as well as enabling older adults to maintain functioning and a good quality of life for as long as possible, along with controlling future health care costs.²

Table 4. Selected Health Conditions

Age	Estimate	95% Confidence Interval
Percent reporting diagnosis of myocardial infarction, 2006		
50 to 64	5.2	4.0 - 6.3
65 or older	13.5	11.4 - 15.5
Percent reporting diagnosis of chronic heart disease, 2006		
50 to 64	5.0	3.9 - 6.0
65 or older	16.9	14.7 - 19.2
Percent reporting diagnosis of stroke, 2006		
50 to 64	2.3	1.6 - 3.0
65 or older	7.4	5.7 - 9.0
Percent reporting diagnosis of diabetes, 2006		
50 to 64	10.1	8.5 - 11.7
65 or older	18.1	15.8 - 20.4
Percent reporting diagnosis of arthritis, 2005		
50 to 64	39.7	37.1-42.3
65 or older	53.3	50.2-56.5
Percent reporting diagnosis of high blood pressure, 2005		
50 to 64	34.5	32.0 - 37.0
65 or older	52.4	49.3 - 55.5

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